

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19		1				
20						
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23						
24						
25	1					
26		4				
27		4				
28		4				
29		4				
30		4				
31						
32						
33	1					
34		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		41				
TOTAL CLAIMS	45					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						